

impulsiveness

LIVING in today's world can be challenging.



EDUCATING in it can be even tougher.





About This Booklet

Over time the Lucas County Mental Health Board has fielded requests from local primary and secondary schools for suggestions on how public mental health and school systems could better work together to address the needs of students who exhibit symptoms of mental illness or emotional/behavioral problems in the classroom. Educators have expressed that they feel ill equipped to manage these problems and looked to the public mental health system to partner with them to find ways to more appropriately address the problems.

This handbook has been designed for three primary purposes: first, to help educators better understand and manage the difference between mental health issues and mental illness in the child/adolescent population; secondly, to guide educators, when treatment is indicated, to make the most appropriate linkage with a mental health provider and lastly, to provide educators with a viable resource to get expert information on questions concerning mental health issues of children.

The Board is committed to working collaboratively with key stakeholders and ensuring that the continuum of care for children/adolescents is designed to be inclusive of all the environments with which the youth comes in contact; school, community, home, etc. This training guide is our first effort to ensuring that educators have accurate up-to-date information on mental illnesses and/or emotional behavioral problems in children/adolescents. The guide has been edited by:

Ms. Karen Olnhausen

Director of Child, Adolescent and Transitional Services

Phone: 419-213-4600 TDD: 419-241-1740

E-mail: kolnhausen@lcmhb.mh.state.oh.us

Fax: 419-244-4707

Ms. Olnhausen, Clinical Nurse Specialist, has over 20 years work experience managing child/adolescent mental health illnesses in both public and private sectors. Please address any questions about the booklet to Ms. Olnhausen at the above address. Additional information about the public mental health system may also be found on the Board's website

www.lucascountymhb.org

Finally, the Board would like to thank you, the voter, for your support. It is through the passage of the mental health levy and funding from the Ohio Department of Mental Health that the Board is able to develop and disseminate this training guide. The Lucas County Board of Trustees and the public mental health system look forward to working with you in this collaborative effort.

Jacqueline Martin Executive Director

Lucas County Mental Health Board

acquelice Martin

Bill Mangrum

Chairman, Board of Trustees Lucas County Mental Health Board

Lucas County Mental Health Board Guidelines for Educators

Introduction

These guidelines exist to serve you. The Mental Health Board and local school districts have been working to address questions surrounding student suspensions from school, which may remain in effect until a mental health evaluation has been completed. Youth who struggle with mental illness and/or emotional or behavioral problems are sometimes disruptive, detracting from the learning environment. Challenging behaviors may indicate a problem that merits attention from professionals. Educators can play an important role in getting students the care they need, bringing parents and mental health professionals together and describing symptoms from a neutral, third party perspective. This process may result in a recommendation that the student be referred to the Community Mental Health System. This tool was designed to assist school employees in making the best recommendation possible for the benefit of the student. In most cases the earlier the intervention occurs, the better the results will be for the student. Ideally, concerns should be resolved before the student's behavior requires serious discipline because evaluations may be difficult to schedule within the timeframe of a typical suspension.

Students with Severe Emotional Disturbance (SED)

Teachers, counselors, principals and other school personnel are encountering more students who have received mental health diagnoses. This is a complex area around which most of us could benefit from additional training. When school employees begin working with mental health professionals, new medications, treatments and school programs may be discovered. Involvement with the mental health care system encourages one to develop new ideas about behavior and progress. The dialogue between educators and mental health professionals will allow new tools to emerge to assist all those who work with youth facing mental health issues.

About mental health

Mental health is how we think, feel and act in meeting life's everyday challenges. Mental health includes how we handle stress, relate to other people and make decisions.

Mental health can range from good to poor. A person's mental health may move through a broad spectrum, being healthier at times and poor at others. Sometimes a person needs help and support while handling problems.

Biological factors, environmental factors, and/or a mixture of both cause mental health disorders in children and adolescents. Examples of biological factors are genetics: chemical imbalance in the brain; or damage to the central nervous system, such as a head injury.

Examples of environmental factors would be:

- ?? Death of a close friend or family member
- ?? Experience with crime as victim or witness
- ?? Parent's divorce
- ?? Change in school
- ?? Break-up of a relationship.

When looking at environmental factors, it is important to keep in mind that events are perceived and managed by each child differently. For some children traumatic events may cause thoughts and feelings to become confused and unmanageable. As a result, children may display visible changes in behavior and mood that become disruptive to the child or difficult to handle - and identifiable as a "mental illness."

Talking about mental illness

When we talk about "mental illnesses", we are referring to any psychiatric or psychological condition such as depression, bipolar disorder, anxiety, attention deficit/hyperactivity disorder (ADHD), schizophrenia, adjustment disorders, learning disabilities and other conditions. These are typically caused by both biological and environmental factors.

In thinking about biological factors, it is helpful to conceptualize the brain as responsible for coordinating the physiological equilibrium between outside stimulation and a person's internal functioning. Chemicals in the brain bridge the gap between neurons, allowing impulses to transmit messages to specific destinations in the brain. In some people there are not enough of these brain chemicals or neurotransmitters; in others there are too many.

If a neurotransmitter is lacking, the "connection" between neurons is not made adequately. In other words, the message does not make it to the brain. When there is too much of a specific brain chemical, we can think of the connection as being flooded. A child can be so overwhelmed and confused, the message to the brain is indecipherable.

How does a chemical imbalance affect youth?

There is no specific test to determine a chemical imbalance. A chemical imbalance is manifested by thought, judgment, behavior and expression of emotion. Brain chemistry affects attention, motor activity, excitability, mood and other factors that affect learning and behavior. Related disorders may include depression, anxiety, bipolar disorder, ADHD and schizophrenia.

A behavior caused by a chemical imbalance cannot be adjusted by using behavioral techniques alone. In fact, focusing only behavioral techniques can lead to incomplete solutions to a child's problems. It is important to shift the focus; when we can anticipate the onset of frustration in students, we can implement interventions to prevent disruptive behaviors. *The behavior may be a way of coping with internal sensations over which the student has no control.* It should not be assumed to be willful. The goal is to redirect the student toward a more appropriate expression of the sensation by minimizing or

eliminating feelings of frustration. For example, educators may allow the student to walk around the classroom or sit in a quiet space to facilitate the cooling off process if a child is having difficulty controlling his/her anger.

The role of medication

For some youth, medication will be a necessary part of treatment. There are many misconceptions about the role of medication in the treatment process. A clear and accurate understanding of what medication can and cannot do helps in developing fair expectations for each student. While medication can be vitally important, a comprehensive treatment regime of family, individual and social therapy and educational support - along with medication - may be crucial to a student making progress. Medication effects vary; what works for one person may not be helpful for another, which is the reason that a medication evaluation by a physician is often an important step in determining the benefits of medication for an individual child.

The educator can make a difference

As educators, it is essential to form partnerships with parents. The family plays a critical role in developing and implementing educational programs. It is imperative for teachers to become aware of the parents' perspective, the stress the family is under, and the expectations parents have for the educational system. This knowledge will help teachers understand the actions and responses of parents, which can lead to a working partnership.

Educators are not expected to diagnose mental health disorders... but your observations lay the groundwork for what is being assessed as the problem and what is being considered for a solution. When sharing observations of a student's behavior, there are a few things to keep in mind:

- **Avoid mental health jargon**. It is more useful to describe a student's behavior rather than putting a label on it. The key is to describe how behavior impacts the ability to function.
- Many people who are not mentally ill may exhibit symptoms of mental illness from time to time. All of us at one time have been dependent, unfocused, manipulative, agitated, illogical or situationally depressed. The difference is the intensity, duration and frequency of the symptoms.
- We all show discrepancies in our daily life. Understanding a person's contradictory statements is a complicated process and needs to be examined by all members of the student's helping team. The first step is reporting what you have seen and heard without making a judgment.

Please be aware

It is important to note that if an educator, as a representative of the school system, makes a direct referral to public or private community resources, the school system may be obligated to assume financial responsibility for the recommendation. Please consult your school policy before making any referral to services.

Working on behalf of the student requires cooperation with everyone involved, including the family. Successful coordination results when professionals communicate regularly and work together to share information so a complete picture of the student is available in making treatment decisions.

A word about advocacy

All students do not share the same abilities, strengths and skills. Some advocates have voiced a perspective that may be summed up this way: *Fairness is not the same as equality*. In fact, it can be unfair to treat students with different needs equally, depending on the circumstances. On the other hand, using targeted resources, course materials and performance standards encourages all students to excel, whether they are labeled as special needs, mainstreamed, or gifted and talented. Too often it is expected that all students should receive the same education in the same manner, producing the same outcomes. The result is frustration for educators and youth alike. The key is to challenge each student to make gains within his/her ability level. A new notion of fairness could be to match the most appropriate techniques and strategies with individual students' needs.

Handling a mental health crisis

Notice to school employees: **These guidelines do not replace district policies and procedures**. Please follow your school board's policies and procedures.

It is recommended that classroom teachers refer students to the appropriate staff member and describe in specific terms what they have observed.

If a student has harmed self or others

Call 911 and make sure the parent(s) are contacted.

If a student threatens harm to self or others

Make sure the parent(s) are contacted.

Determine if the student is involved with a mental health provider already. If so, have the parent contact the provider immediately. If you have the authority (i.e., release of information was signed), contact the provider yourself.

If there is no current mental health provider, refer parent to Rescue Mental Health Services at **419-255-9585** or the nearest hospital emergency room.

Explain to the parent that you want their son/daughter to be safe. Professionals at Rescue or the hospital will assess the student's level of risk.

Release the student to the parent and document what you recommended and what action the parent reported s/he would take. Explain to the parent/guardian that you wish to talk with them prior to child's return to school. The goal will be to determine how to keep the child safe when s/he comes back to school.

When there is no threat of immediate harm to self/others

School personnel should meet with the parent(s) and describe in neutral, behavioral and specific terms what the "red flags" are. *Do not label or diagnose*. Simply list the behaviors.

Provide a parent support pamphlet.

Ask if the family has insurance, including Medicaid. If they do, ask if they have an insurance card. School employees can help by calling the insurance company or primary care physician and determining which mental health providers are covered. Have the parent choose a mental health provider and ask them to sign a Release of Information form for their primary care physician and mental health provider so that school personnel can be part of the child's treatment team.

If the parent does not have insurance, refer them to the Lucas County Enrollment Center at 419-213-4618. You may assist the parent/guardian in obtaining provider information. The parent/guardian must call to schedule an appointment. To facilitate coordination between the school and the mental health provider, ask the legal guardian to sign a Release of Information with the school, mental health provider and primary care physician.

If the release is signed, the school staff should contact the parent/guardian and mental health provider if the child's risk status changes prior to the student's scheduled appointment.

Another voice

The National Alliance for the Mentally Ill (NAMI) is the nation's largest grassroots organization solely dedicated to improving the lives of children and adults with severe mental illness. We are aware that schools are encountering more students with a mental health diagnosis and very special needs. We hope that these protocols, developed by school personnel and mental health providers will make the important job of teaching and guiding children a little easier. When families, schools and mental health professionals work together, children and youth are placed first.

To become a member of NAMI or to assist parents in learning more about mental health issues, please call 419-243-1119 or visit www.namitoledo.org.

Thank you, NAMI Toledo

Glossary

Enrollment Center: The Lucas County Enrollment Center was created by the Mental Health Board to ensure access to care and to determine eligibility of individuals seeking services from the public mental health system. To schedule an appointment at one of the provider agencies, contact the Enrollment Center at **419-213-4618**. To receive mental health services funded by the Board, the client must be enrolled. The Lucas County Enrollment Center is open 8 a.m. to 5 p.m. Monday through Friday.

Evaluation: In the community mental health system, an initial evaluation is the first step in accessing services. The student's mental health is assessed and data collected for a comprehensive psychosocial evaluation. Recommendations for treatment may include a psychological evaluation by a psychologist or psychiatric evaluation by a physician.

Emergent: Describes a person at imminent risk of harming self/others, i.e., a youth currently threatening to harm self/others. Services should be initiated within one hour.

Urgent: There is no immediate threat to self or others, but the condition may deteriorate without intervention. Contact the mental health service provider if you are concerned that things will get worse before the appointment time.

Routine: Person is appropriate for out patient care and will receive an intake appointment that meets the needs of the student and family.

Acknowledgements

The Lucas County Mental Health Board is thankful for the members of its Youth Task Force. We appreciate their contributions to the development of this booklet and to mental health services for youth in Lucas County.

Advocates for Basic Legal Equality (ABLE)

Alternate Learning Center/Lucas Co. Schools

Catholic Charities

Lutheran Social Services

Medical College of Ohio (MCO)

MRDD Board of Lucas County

Child & Family First Council National Alliance for the Mentally Ill

Children Services Board of Lucas County Oregon City Schools

Connecting Point Rescue Mental Health Services

Department of Youth Services Special Ed. Regional Resource Center

Family Service of Northwest Ohio Springfield Local Schools

Harbor Behavioral Health Services Sylvania Schools

House of Emmanuel Toledo Public Schools

Lucas County Educational Service Center Unison

Lucas County Juvenile Court Washington Local Schools